

FOIA MARKER

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Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Sandra Thurman
Subseries:

OA/ID Number: 40015
FolderID:

Folder Title:
Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair] 11/15/00

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	1	1

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	06/28/2000	b(6)
002. forms	re: Travel authorization [Personally Identifiable Information] [partial] (2 pages)	12/29/1999	b(6)
003. forms	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	03/10/2000	b(6)
004. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/23/1999	b(6)
005. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/13/1999	b(6)
006. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	08/12/1999	b(6)
007. form	re: Travel request [Personally Identifiable Information] [partial] (1 page)	05/07/1999	b(6)
008. receipts	re: Agency credit card information (1 page)	05/21/1999	P4/b(4)
009. statement	re: Agency credit card information (2 pages)	06/24/1999	P4/b(4)
010. form	re: Travel request [Personally Identifiable Information] [partial] (1 page)	08/10/1999	b(6)
011. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	10/15/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F

jm2000

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Withdrawal/Redaction Marker

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001. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	06/28/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F
jm2000

RESTRICTION CODES

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.

TOJONAF 29

2. DATE

06/28/00

3. TYPE OF TRAVEL

- ☒ Official...
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

4. TRAVELER (First name, middle initial, last name)

SANDRA L. THURMAN

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. DIVISION

8. AGENCY

736 JP

9. OFFICE PHONE

456-2959

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Attend and participate in the XIII International Conference on AIDS, site and surrounding activities (see calendar).

DATE(S): Travel Begin On 7/4/2000

Travel End On 7/21/2000

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: Washington, DC

To: JOHANNESBURG, SAF 64/ 43

To: DURBAN, SAF 93/ 44

To: KIGALI, RWA 115/ 73

To:

To:

To:

To:

To:

To:

To:

Return to: Washington, DC

13. MODE OF TRAVEL

☐ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify)

14. SPECIAL EXPENSE AUTHORIZED

- ☐ Registration Fees (meeting, training, etc.)
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☒ Other (Please identify)

15. ESTIMATED COST

	AMOUNT
Per Diem/Lodging	\$ 0.00
Per Diem/M&IE	0.00
Transportation	0.00
Rental Car	0.00
Miscellaneous	0.00
16. TOTAL	\$ 0.00

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

The National Institutes of Health will cover all costs associated with travel
See attached NIH Travel Authorization.

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

19. REQUESTED BY

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.
Approval Official (Signature and Title)

Budley J. Kiley

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

2. FMD copy

3. Travelers copy

4. Teleticketing Office

5. Funds Manager copy

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. forms	re: Travel authorization [Personally Identifiable Information] [partial] (2 pages)	12/29/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F
jm2000

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO. TOJONA 14-1 2. DATE 12/29/99

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☒ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

4. TRAVELER (First name, middle initial, last name)

Todd A. Summers

5. TITLE OF TRAVELER

Deputy/AIDS Policy

6. SOCIAL SECURITY NUMBER

(b)(6)

7. DIVISION

OPD

8. AGENCY

AIDS Policy

9. OFFICE PHONE

10. OFFICIAL DUTY STATION

(202) 456-2444 Washington DC,

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Attend memorial service for Tom Henderson

DATE(S): Travel Begin On 1 / 7 / 2000

Travel End On 1 / 9 / 2000

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: Washington DC,

To: AUSTIN, TX 80/ 38

To:

To:

To:

To:

To:

To:

To:

To:

To:

Return to: Washington DC,

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) FUEL CAB

14. SPECIAL EXPENSE AUTHORIZED

- ☐ Registration Fees (meeting, training, etc.)
☒ Commercial Rental Car
☐ Excess Baggage not to exceed _____
☒ Other (Please identify) _____

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging	\$	160.00
Per Diem/M&IE		95.00
Transportation		203.50
Rental Car		60.00
Miscellaneous		45.00
16. TOTAL	\$	563.50

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

Attend memorial service for Tom Henderson, member of Presidential Advisory Council on HIV/AIDS

OTHER (See remarks below)

Taxi Fares

AMENDED by adding rental car and related fuel costs, and reducing cab fare.

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

19. REQUESTED BY

Sandra L. Thurman

21. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.
Approval Official (Signature and Title)

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

2. FMD copy

3. Travelers copy

4. Teleticketing Office

5. Funds Manager copy

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO. <i>10-21</i>	2. DATE 12/29/99
3. TYPE OF TRAVEL ☒ Official ☐ Relocation ☐ Mixed ☐ Political ☐ Invitational (Non EOP Employees Only) ☐ Amendment (Show items amended) ☐ Funded by Non-Federal Sources	
7. DIVISION <i>CID</i>	8. AGENCY <i>AIDS Policy</i>
11. ☒ Per Diem ☐ Actual Subsistence (unusual circumstances)* Rate(s):	

4. TRAVELER (First name, middle initial, last name)

Todd A. Summers

5. TITLE OF TRAVELER

Deputy/AIDS Policy

6. SOCIAL SECURITY NUMBER

(b)(6)

9. OFFICE PHONE

10. OFFICIAL DUTY STATION

(202) 456-2444 Washington DC,

12. TRAVEL INFORMATION

PURPOSE: **Attend memorial service for Tom Henderson**

DATE(S): Travel Begin On **1 / 7 2000**

Travel End On **1 / 9 2000**

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: **Washington DC,**

To:

To:

To:

To:

To:

To: **AUSTIN, TX 80/ 38**

To:

To:

To:

To:

Return to: **Washington DC,**

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) **CAB**

14. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed _____

☒ Other (Please identify) _____

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging	\$ 160.00
Per Diem/M&IE	95.00
Transportation	203.50
Rental Car	0.00
Miscellaneous	50.00
16. TOTAL	\$ 508.50

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

Attend memorial service for Tom Henderson, member of Presidential Advisory Council on HIV/AIDS

OTHER (See remarks below)

Taxi Fares

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

19. REQUESTED BY

J108E

1102200

21. Funds are available to defray travel cost specified above

Funds Manager's Certification (Signature)

Paul F. L...

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.

Approval Official (Signature and Title)

Paul F. L...

1/4/00

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

2. FMD copy

3. Travelers copy

4. Ticketing Office

5. Funds Manager copy

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. forms	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	03/10/2000	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F
jm2000

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
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- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO. _____ 2. DATE 03/10/00

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political
- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

4. TRAVELER (First name, middle initial, last name)

SANDRA L. THURMAN

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. DIVISION

8. AGENCY

736 JP

9. OFFICE PHONE

456-2959

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Attending and speaking at the 12th National HIV/AIDS Update Conference.
attached agenda for specific duties.

DATE(S) Travel Begin On 3/14/2000

Travel End On 3/16/2000

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: Washington, DC

To: SAN FRANCISCO, CA 139/ 46

To

To

To

To

To

To

To

To

To

Return to: Washington, DC

☒ Commercial Air

☐ Private Vehicle 0 000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) _____

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed _____

☒ Other (Please identify) _____

Per Diem/Lodging	\$	278.00
Per Diem/M&IE		115.00
Transportation		324.00
Rental Car		0.00
Miscellaneous		0.00
15. TOTAL	\$	717.00

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

Slightly more expensive contract flight taken from Baltimore/Washington Ai

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

19. REQUESTED BY

21. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)

20. I certify the travel herein was reviewed and determined
to be essential for the accomplishment of agency programs
and missions in the most economical means available.
Approval Official (Signature and Title)

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

2. FMD copy

3. Travelers copy

4. Teleticketing Office

5. Funds Manager copy

THE WHITE HOUSE
WASHINGTON

MEMORANDUM TO THE OFFICE OF ADMINISTRATION

From: Cheryl S. Bauerle
Associate Director
Office of National AIDS Policy
(202) 456-2959

Date: March 10, 2000

Re: Thurman Travel Authorization TOJONA20

This memo is to request authorization of travel authorization TOJONA20 for Director Sandra Thurman without an approving signature from the Office of National AIDS Policy.

Director Thurman will be traveling to San Francisco for the 12th National HIV/AIDS Update Conference, where she will be speaking at the opening plenary and the luncheon. She is currently out of the office, and as such, will not be able to sign her travel authorization. I am therefore sending the TA over without an ONAP signature to be approved by the Office of Administration.

Please let me know if require any additional information. As always, thank you so much for your assistance.



HIV/AIDS

at the crossroads

Confronting Critical Issues

January 10, 2000

The Honorable Sandra Thurman
Director, The White House Office of AIDS Policy
736 Jackson Place
Washington, DC 20503

Dear Ms. Thurman:

We spoke several months ago on the telephone regarding your availability to speak at the 12th National HIV/AIDS Update Conference in San Francisco, California. At that time you asked that I contact you again after the first of the year so that you could check your calendar closer to the date. The date that we would like for you to speak is Wednesday, March 15, 2000. You are invited to speak at the opening plenary session of the conference. Dr. Mervyn Silverman will be the moderator of the session. You will have approximately 20 minutes to give an update of HIV/AIDS Policy. It would be helpful if you could give me a title for your presentation. Other invited speakers for the opening session of the conference include a welcome by San Francisco Mayor Willie L. Brown, Jr. and a presentation by Mary Fisher, Founder of the Family AIDS Network. Dr. Silverman has attempted to invite Dr. Satcher and if you could put in a "word" with him or let me know what would be a better way of contacting him, it would be very helpful.

In addition, should you be able to stay at the conference until lunch time, we would like for you to speak on a HIV/AIDS Policy discussion during lunch (12:30 pm-1:45 pm). We have not finalized the other presenters for that lunchtime session until we can confirm that you will speak. Please get back to me as soon as possible and let me know if you are available to participate and if you have any needs that I may take care of. You may call me at my office (510-645-1245; fax: 510-645-1246) or at home in the evening at 510-893-8676 or by e-mail at clfmorr@aol.com.

We do hope that you will be able to join us this year and I look forward to hearing from you soon.

March 14-17, 2000

Bill Graham Civic Auditorium
San Francisco, California, USA

Program Director, Cliff Morrison
Program Assistant, Michael Stanley
NII/AUC Program Office
584 Castro Street
Box #602
San Francisco, CA 94114

tel: (415) 285-8410

fax: (415) 970-9013

e-mail: aidsupdr@aol.com

Sincerely,

Cliff Morrison
Program Director

415-348-4525
26
27

P. 015-219-3132

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/23/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F

jm2000

RESTRICTION CODES

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- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION

(Privacy Act Statement on back)

1. TRAVEL AUTHORIZATION NO.
TA005560

2. DATE
08/23/99

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

4. TRAVELER (First name, middle initial, last name)

SANDRA L. THURMAN

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

736 Jackson Plac

8. DIVISION

OPD

9. OFFICE PHONE

395-1441

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: 8/27:mtgs w/CDC/Dr. Gayle 8/28:informal remarks to the Collaborative Group on AIDS 8/29:press briefing 8/30:presenting to Natl HIV Prev. Conf.

DATE(S): Travel Begin On 8/26/1999

Travel End On 8/31/1999

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: WASHINGTON, DC

To: ATLANTA, GA 90/ 38

To:

To:

To:

To:

To:

To:

To:

Return to: WASHINGTON, DC

13. MODE OF TRAVEL

☐ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify)

14. SPECIAL EXPENSE AUTHORIZED

- ☐ Registration Fees (meeting, training, etc.)
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other (Please identify)

15. ESTIMATED COST

AMOUNT

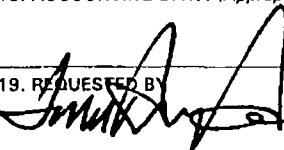
Per Diem/Lodging	\$ 0.00
Per Diem/M&IE	209.00
Transportation	0.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 209.00
16. ADVANCE REQUESTED (meals and miscellaneous expenses only)	\$ 0.00

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

Airfare covered by Centers for Disease Control (Estimated costs \$520). No lodging costs associated with travel. Traveler will stay with acquaintances.

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

19. REQUESTED BY

 Dep. Director

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.

Approval Official (Signature and Title)

21. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Teleticketing Office

2. FMD copy

5. Funds Manager copy

3. Advance of funds

6. Travelers copy

National → 800-227-7368

Conf. # 303379749

249.00

Platinum clubs - 710%
mid-size

Lending a car

2 appointments/personal →

Dr. Stricklin 10am

Hal Brady's office } get

SAT FREE → 5th

Sun FREE →

Carrie # ↓

Get
Licence

Tony's
Schedule

→ Dr. Craig Smith 3PM

404/266-9424
Dentist

→ Philip Wyatt 8PM Hair

touch base

404/233-6656
week

Monday → ↓

Susan Dietz → 404/639-2918

Tuesday → free, BUT INVITE TO Helene Gayle

SALES PERSON: 53
CUSTOMER NBR: 544215

ITINERARY
QYYLJD

DATE: 20 AUG 99
PAGE: 01

TO: SATOTRAVEL
4 EXECUTIVE PARK DR RM2132
ATLANTA GA 30329

FOR: THURMAN/SANDRA

REF: 0,121,75232

26 AUG 99 - THURSDAY

AIR DELTA AIR LINES INC FLT:485 COACH
LV WASHINGTON REAGAN 600P
DEPART: TERMINAL B
AR ATLANTA 753P

SNACK
EQP: MD-80
01HR 53MIN
NON-STOP
REF: VC0DKR

THURMAN/SANDRA SEAT-23D

31 AUG 99 - TUESDAY

AIR DELTA AIR LINES INC FLT:578 COACH
LV ATLANTA 625P

AR WASHINGTON REAGAN 813P
ARRIVE: TERMINAL B

THURMAN/SANDRA SEAT-13C

SNACK
EQP: BOEING 727-200
01HR 48MIN
NON-STOP
REF: VC0DKR

SATOTRAVEL EXECUTIVE PARK HRS MON-FRI 8A-430P ID K6H1
EXECUTIVE PARK 24HR EMERGENCY SERVICE 1800 827-7777
PLEASE RETURN ALL UNUSED OFFICIAL TICKETS TO
FMO-CLIFTON RD D-49 TO INSURE A TIMELY REFUND
FREQUENT TRAVELER BENEFITS EARNED IN CONNECTION WITH
OFFICIAL TRAVEL MAY BE USED ONLY FOR OFFICIAL TRAVEL
SHOW GOV ID FOR PARKING DISCOUNTS AT PARK N FLY..
THE CARPORT..PRESTIGE PARK..PARK N GO
SATOTRAVEL PROVIDES 150,000 FLIGHT INSURANCE WITH THE
PURCHASE OF YOUR AIRLINE TICKET.....
ROUNDTRIP FARE IS 522.00 ETKT



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Assistant Secretary for Health
Office of Public Health and Science
Washington D.C. 20201

June 22, 1999

Sandra Thurman
White House ONAP
736 Jackson Place, NW
Washington, DC 20503

Dear Ms. Thurman,

It is with great pleasure that we invite you to participate in the fifth meeting of the Collaborative Group on Women and HIV/AIDS, co-sponsored by the Public Health Service's Office on Women's Health and the Office of HIV/AIDS Policy. This meeting is scheduled for Saturday, August 28, 1999, from 9:00 am - 5:00 pm at the Hilton Atlanta & Towers, located on Courtland and Harris Streets, Northwest.

Our goal is to bring together leaders from community organizations and Federal agencies to continue developing those strategies, which focus on HIV/AIDS and women as a national health priority. The meeting is designed to provide an opportunity for the Work Groups to present initiatives and recommendations that have been developed during the many conference calls since the last meeting of the Collaborative Group in September, 1998.

The Collaborative Group on Women and HIV/AIDS consists of five (5) Work Groups: (1) Research, (2) Care/Treatment, (3) Primary Prevention/Education, (4) Secondary Prevention/Education, and (5) Young Women. During the meeting, the Work Group will have time to meet separately to prioritize and present their plans to address and impact a National Women and HIV/AIDS agenda.

Thank you in advance for your participation in this very important meeting. We look forward to your participation on August 28, 1999. Please feel free to contact Francess Page at (202) 690-7650 or Margaret Scarlett at (202) 690-5560 for additional information.

Sincerely,

/s/
Wanda K. Jones, Dr.P.H
Deputy Assistant Secretary for Health
(Women's Health)

/s/
Eric Goosby, M.D.
Director,
Office of HIV/AIDS Policy

Enclosures

Atlanta, Georgia August 29 - September 1

1999

National HIV Prevention Conference

For Event
August 29 - Sept. 1, 1999

CONTACT: (212) 584-5016
Media Information Line

FIRST-EVER NATIONAL CONFERENCE TO ASSESS STATE OF U.S. HIV PREVENTION

-- Atlanta Meeting, August 29-September 1, 1999, is First to Bring Together Leading Professionals to Assess Advances in Efforts to Track and Control HIV --

Atlanta, GA—More than 2,000 leading scientists, researchers and policy analysts will gather at the Hyatt Regency hotel in Atlanta for the National HIV Prevention Conference, the first meeting of its kind exclusively devoted to scientific efforts to monitor and prevent HIV in the US.

The conference is convened by the Centers for Disease Control and Prevention (CDC) and seventeen other sponsoring organizations, including Office of AIDS Research/NIH, National Minority AIDS Council and the National Association of People with AIDS. Conference attendees will discuss new data on trends in HIV infection and AIDS mortality, as well as hundreds of presentations and posters on the latest and best efforts to contain the epidemic through behavioral and biomedical interventions.

A special focus of the conference will be the impact of HIV on African-American communities, which remain disproportionately affected by the epidemic. Data presented will include HIV incidence among African Americans at highest risk, including young gay men, as well as the latest statistics on AIDS mortality among African Americans.

Other data released in Atlanta will include the latest national figures on AIDS mortality, new data on rates of HIV infection among high-risk populations, the first comprehensive report on HIV in U.S. prisons, as well as analyses of the challenges of HIV prevention in the era of new AIDS treatments. Special presentations will be also made on the applications of a new HIV test that allows for unprecedented measurement of the time of new HIV infections.

Featured speakers at the meeting will include David Satcher, MD, PhD, US Surgeon General and former head of the CDC; Jeffrey Koplan, MD, MPH, Director of the CDC; Helene Gayle, MD, MPH, Director of the CDC's National Center for HIV, STD and TB Prevention; White House Coordinator of AIDS Policy Sandra Thurman; Cornelius Baker, Executive Director of NAPWA; Tom Coates, MD, of the Center for AIDS Prevention Studies; and Don Des Jarlais, PhD, Beth Israel Medical Center.

-- more --

Conference Co-sponsors: AID Atlanta • Academy for Educational Development • American Social Health Association (ASHA) • Association of Public Health Laboratories • Centers for Disease Control and Prevention (CDC) • CDC Foundation • Council of State and Territorial Epidemiologists (CSTE) • Health Care Financing Administration • Health Resources and Services Administration (HRSA) • Indian Health Service (IHS) • National Alliance of State and Territorial AIDS Directors (NASTAD) • National Association of People with AIDS (NAPWA) • National Council of STD Directors (NCSD) • National Minority AIDS Council (NMAC) • Office of AIDS Research (OAR)/National Institutes of Health (NIH) • Office on Women's Health/Department of Health and Human Services • Rollins School of Public Health/Emory University • Substance Abuse and Mental Health Services Administration (SAMHSA)

Press Program

Beginning Sunday, August 29, conference organizers will sponsor five media briefings featuring the most significant research and findings from the conference, and addressing critical challenges facing the field of HIV prevention. All research is embargoed until the time of presentation.

The press program will include:

- | | |
|----------------------------------|--|
| Sunday, Aug. 29
4:00 PM, EDT | State of the Epidemic , with opening remarks by Jeffrey Koplan, MD, MPH, Director of the CDC, Helene Gayle, MD, MPH, Director of the CDC's National Center for HIV, STD and TB Prevention; David Satcher, MD, PhD, US Surgeon General; Neal Nathanson, MD, Director of the Office of AIDS Research; James Curran, MD, MPH, Dean of the Rollins School of Public Health at Emory University; Ron Valdiserri, CDC; and Sandra Thurman, White House Office of AIDS Policy Coordinator. |
| Mon., August 30
12:00 PM, EDT | Latest HIV surveillance and AIDS mortality data. Researchers will present latest data on trends in AIDS mortality and HIV incidence among high-risk populations. A special presentation will be given on how new technologies—including a modified HIV antibody test—are allowing scientists to measure the time of new HIV infections with unprecedented precision. |
| Mon., August 30
3:00 PM, EDT | HIV/AIDS and African Americans. Data will be presented on how African-American heterosexuals, gay men and women face higher rates of AIDS mortality and HIV infection. Research will reveal overlooked factors—such as bisexuality—that help fuel the epidemic in this community. |
| Tue., August 31
12:00 PM, EDT | Underrecognized Factors in HIV/AIDS. Unseen factors affecting the progression of the epidemic will be discussed, including studies on the effects of new AIDS treatments on HIV risk behaviors, the most comprehensive data to date on the HIV epidemic in America's prisons, data on new outbreaks of STDs among gay men, and the latest STD trends nationwide and their relationship to HIV transmission. |
| Tue., August 31
3:00 PM, EDT | The Next Generation: Youth and HIV. Gay and bisexual youth, particularly youth of color, face dangerously high HIV rates, and data on risk behaviors overall is mixed. New findings to be presented include: prevention programs that work for HIV- and HIV+ youth, the importance of HIV testing, and risk behavior data for young injection drug users. |



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

MAY 3 1999

rescheduled to
8:30, 11:00, Aug 30
w/ Neal Nathanson

TO: Ms. Sandra L. Thurman
Director, Office of National AIDS Policy

FROM: Director
Centers for Disease Control and Prevention

SUBJECT: Invitation to Moderate the Closing Plenary Session at the 1999 National HIV
Prevention Conference--ACTION

ISSUE

During August 29-September 1, 1999, the Centers for Disease Control and Prevention (CDC) is holding the 1999 National HIV Prevention Conference at the Hyatt Regency Atlanta Hotel in Atlanta, Georgia. The Conference will bring together public and private organizations whose interaction and cooperation are crucial to successful efforts to prevent HIV and AIDS in the United States. I invite you to moderate the closing plenary session that will be focused on the topics of Women and HIV/AIDS Prevention and Substance Abuse on Wednesday, September 1, 1:00 p.m.-2:30 p.m. Other invitees include Drs. Hortensia Amaro and Lawrence Brown. CDC would be pleased to assist you with your talking points.

DISCUSSION

Approximately 3,000 public health professionals, clinicians, community organization representatives, and individual advocates involved in HIV prevention are expected to attend the conference. Through plenary sessions, workshops, discussions, and poster presentation, the participants will have opportunities to:

- Share information about effective multidisciplinary HIV prevention approaches.
- Share research findings and effective prevention approaches among governmental, community, and academic partners in HIV prevention.
- Strengthen collaborations between program practitioners and researchers in areas of behavioral interventions, vaccine development, monitoring the epidemic, developing rapid and reliable tests for HIV diagnosis, and improving access to early treatment for HIV.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	08/13/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F
jm2000

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

[205]

1. TRAVEL AUTHORIZATION NO. TA005518 2. DATE 08/13/99

3. TYPE OF TRAVEL

- ☒ Official
☐ Relocation
☐ Mixed
☐ Political

- ☐ Invitational
(Non EOP Employees Only)
☐ Amendment
(Show items amended)
☐ Funded by
Non-Federal Sources

4. TRAVELER (First name, middle initial, last name)

SANDRA L. THURMAN

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

6. SOCIAL SECURITY NUMBER

(b)(6)

7. AGENCY

736 Jackson Plac

8. DIVISION

OPD

9. OFFICE PHONE

395-1441

10. OFFICIAL DUTY STATION

WASHINGTON, DC

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*

Rate(s):

12. TRAVEL INFORMATION

PURPOSE: Host LA screening of 'Epidemic Africa' (8/19). Attend multiple meetings local AIDS leaders and attend dinner meeting with PACHA members (8/20).

DATE(S): Travel Begin On 8/19/1999

Travel End On 8/21/1999

ITINERARY: (Point of Origin/Placels) of Official Visitation/Point of Return)

From: Tucson, AZ

To: LOS ANGELES/COUNTY, CA 95/ 46

To:

To:

To:

To:

To:

To:

To:

To:

To:

Return to: No return on govt travel

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify)

14. SPECIAL EXPENSE AUTHORIZED

- ☐ Registration Fees (meeting, training, etc.)
☐ Commercial Rental Car
☐ Excess Baggage not to exceed
☐ Other (Please identify)

15. ESTIMATED COST

AMOUNT

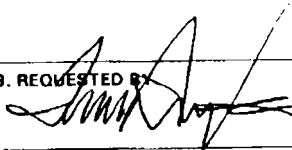
Per Diem/Lodging	\$ 330.00
Per Diem/M&IE	92.00
Transportation	43.00
Rental Car	0.00
Miscellaneous	0.00
TOTAL	\$ 465.00
16. ADVANCE REQUESTED (meals and miscellaneous expenses only)	\$ 0.00

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

Lodging cost: 165/night. This remains under 150% of per diem. Traveler will on approved vacation travel before & after business travel. Cost of air ticket is less from Tucson than from Washington, DC. No return travel is needed.

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

19. REQUESTED BY

 Dep. Director

21. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.
Approval Official (Signature and Title)

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

2. FMD copy

3. Advance of funds

4. Teleticketing Office

5. Funds Manager copy

6. Travelers copy

EASYLINK 5056872S001 12AUG99 13:41/13:41 EST
FROM: 62029160
AMERICAN EXPRESS TRAVEL
TO: 2024562439

SALES PERSON: 47
CUSTOMER NBR: 1695000023

ITINERARY
VTLAWS

DATE: 12 AUG 99
PAGE: 01

TO: AMERICAN EXPRESS TRAVEL
OEOB ROOM 87
WASHINGTON DC 20502
TEL 202-456-2250/FAX 202-456-6670
MS SANDY THURMAN

FOR: THURMAN/SANDY MS

19 AUG 99 - THURSDAY

AIR UNITED AIRLINES FLT:2679 COACH
LV TUCSON 1243P

AR LOS ANGELES 211P
ARRIVE: TERMINAL 7

EQP: BOEING 737 300
01HR 28MIN
NON-STOP
REF: P99V8U

08 FEB 00 - TUESDAY

OTHER WASHINGTON
HAVE A GREAT TRIP

. TOTAL AIR FARE USD43.00

AIR FARE SUBJECT TO CHANGE. PLEASE CALL FOR CORRECT
FARE BEFORE PROCESSING TRAVEL AUTHORIZATION.

. SECURITY ALERT INFORMATION

DUE TO THE FAA MANDATED INCREASE IN AIRPORT SECURITY
YOU MAY BE REQUIRED TO PRODUCE A PHOTO IDENTIFICATION
AT AIRPORT CHECKIN.

. REMINDER

ALL FREQUENT FLYER BENEFITS EARNED ON OFFICIAL TRAVEL
ARE THE SOLE PROPERTY OF THE U.S. GOVERNMENT AND CANNOT
BE REDEEMED FOR PERSONAL USE.

. ALL UNUSED TICKETS ARE TO BE RETURNED TO AMERICAN
EXPRESS OR YOUR TRAVEL COORDINATOR IMMEDIATELY UPON
RETURN FROM TRAVEL OR WHEN TRIP HAS BEEN CANCELED.

FOR AFTER HOURS EMERGENCIES
CALL 800-847-0242/YOUR HOTLINE CODE IS KC52

.....

THANK YOU FOR TRAVELING WITH AMERICAN EXPRESS.

AIDS Policy Center for Children, Youth & Families
The Elizabeth Glaser Pediatric AIDS Foundation
The Elton John AIDS Foundation
and
The Magic Johnson Foundation

Join

THE CHILDREN AFFECTED BY AIDS FOUNDATION

In presenting the Los Angeles Premiere Screening of

Epidemic Africa

A documentary of hope for AIDS-ravaged Africa

Directed by
Rory Kennedy

HHS Committee



Hosted by

The Honorable Sandra Thurman

Director, Office of National AIDS Policy
The White House

Rick Zbur

Vice Chair
Board of Directors, CAAF
Partner, Latham & Watkins

John Chiang

Director
Board of Directors, CAAF
Member, California State Board
of Equalization

~~Thursday, August 19, 1999~~

~~Reception - 7:00 pm~~

~~Screening & Remarks - 7:45 pm~~

~~**Paramount Pictures**~~

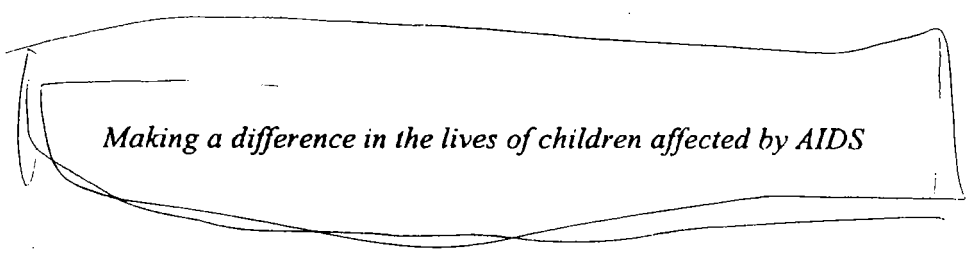
~~**Studio Theater**~~

~~5555 Melrose Avenue
Los Angeles, California~~

*Sandra
Chiang*

Epidemic Africa is a landmark documentary which focuses on AIDS-ravaged sub-Saharan Africa. Production funded by a grant from The Children Affected by AIDS Foundation.

The Children Affected by AIDS Foundation makes a positive difference in the lives of children infected with HIV and affected by AIDS by helping to meet their diverse needs, advocating and educating on their behalf, and bringing joy and fun into their lives.



Making a difference in the lives of children affected by AIDS

**Children Affected by AIDS Foundation
Board of Directors**

Joe Cristina, Chair
Rick Zbur, Vice Chair
Bob Normile, Secretary
Kevin Farr, Treasurer

Elena Baca
Matt Bousquette
John Chiang
Jodi Cohen
Frank Foretich
Robert Frangenberg
Samuel Fusco
David Haddad
Meryl Holland
Sarah Ingram

David James
Marcy Kaplan
Robert Kors
John Maceri
Gary Paulsen
Dale Riley
Jerry Ruiz
Ken Weikel
Judy Willis

**Children Affected by AIDS Foundation
Staff**

Catherine Brown, Executive Director
Deborah Weirick, Development Director
Sean Anthony Frye, Program Associate
Sandy Lipiz, Office Manager
Roberta Maslanka, Development Associate

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
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006. form	re: Travel voucher [Personally Identifiable Information] [partial] (1 page)	08/12/1999	b(6)
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Clinton Presidential Records
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OA/Box Number: 40015

FOLDER TITLE:

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11/15/00

2018-0764-F
jm2000

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TRAVEL VOUCHER (Read Privacy Act Statement on the back)		1. DEPARTMENT OR ESTABLISHMENT BUREAU DIVISION OR OFFICE		2. TYPE OF TRAVEL ☒ TEMPORARY DUTY ☐ PERMANENT CHANGE OF STATION		3. VOUCHER NO. TA000990003103-0															
5. a. NAME (Last, first, middle initial) Thurman, Sandra		b. SOCIAL SECURITY NO. (b)(6)		6. PERIOD OF TRAVEL a. FROM 05/17/99 b. TO 05/20/99		4. SCHEDULE NO.															
c. MAILING ADDRESS (Include ZIP Code) 736 Jackson Place Washington, DC 20503		d. OFFICE TELEPHONE NO. TA000990003103-0		7. TRAVEL AUTHORIZATION a. NUMBER(S) b. DATE(S) 08/09/99		10. CHECK NO.															
e. PRESENT DUTY STATION Washington, DC		f. RESIDENCE (City and State) Washington, DC		11. PAID BY																	
8. TRAVEL ADVANCE a. Outstanding b. Amount to be applied c. Amount due Government (Attached ☐ Check ☐ Cash) D. Balance outstanding		9. CASH PAYMENT RECEIPT a. DATE RECEIVED b. AMOUNT RECEIVED \$ c. PAYEE'S SIGNATURE		12. GOVERNMENT TRANSPORTATION REQUESTS, OR TRANSPORTATION TICKETS, IF PURCHASED WITH CASH (List by number below and attach passenger coupon; if cash is used show claim on reverse side)																	
No. 1		4,483.00		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">AGENT'S VALUATION OF TICKET (a)</th> <th rowspan="2">ISSUING CARRIER (Initials) (b)</th> <th rowspan="2">MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)</th> <th rowspan="2">DATE ISSUED (d)</th> <th colspan="2">POINTS OF TRAVEL</th> </tr> <tr> <th>FROM (e)</th> <th>TO (f)</th> </tr> </thead> <tbody> <tr> <td colspan="6" style="height: 100px;"></td> </tr> </tbody> </table>				AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL		FROM (e)	TO (f)						
AGENT'S VALUATION OF TICKET (a)	ISSUING CARRIER (Initials) (b)	MODE CLASS OF SERVICE AND ACCOMMODATIONS (c)	DATE ISSUED (d)	POINTS OF TRAVEL																	
				FROM (e)	TO (f)																
COMMENTS: Lodging was incurred for the dates specified on voucher. No lodging receipts required.																					
13. I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. When applicable, per diem claimed is based on the average cost of lodging incurred during the period covered by this voucher. <table style="width:100%;"> <tr> <td style="width:50%; vertical-align: bottom;"> TRAVELER SIGN HERE </td> <td style="width:50%; vertical-align: bottom;"> DATE 8/12/99 AMOUNT CLAIMED 1,316.56 </td> </tr> </table>								TRAVELER SIGN HERE	DATE 8/12/99 AMOUNT CLAIMED 1,316.56												
TRAVELER SIGN HERE	DATE 8/12/99 AMOUNT CLAIMED 1,316.56																				
NOTE: Falsification of an item in an expense account works a forfeiture of claim (28 U.S.C. 2514) and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (18 U.S.C. 287; i.d. 1001).																					
14. This voucher is approved. Long distance phone calls, if any, are certified as necessary in the interest of the Government. (NOTE: If long distance telephone calls are included, the approving official must have been authorized in writing by the head of the department or agency to so certify (31 U.S.C. 680a).) Joy Riggs-Perla G/PHN/HN APPROVING OFFICIAL SIGN HERE DATE 8/12/99				17. FOR FINANCE OFFICE USE ONLY COMPUTATION a. DIFFERENCES, IF ANY (Explain and show amount) b. TOTAL VERIFIED CORRECT FOR CHARGE TO APPROPRIATION Certifier's initials: \$ c. APPLIED TO TRAVEL ADVANCE (Appropriation symbol): \$ 0.00 d. NET TO TRAVELER \$ 1,316.56																	
15. LAST PRECEDING VOUCHER PAID UNDER SAME TRAVEL AUTHORIZATION a. VOUCHER NO. b. D.O. SYMBOL c. MONTH & YEAR				16. THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT AUTHORIZED CERTIFYING OFFICIAL SIGN HERE DATE																	
18. ACCOUNTING CLASSIFICATION FY-99--72-1191000..FOEA-99-.16900-T530..... - 1,316.56																					

SCHEDULE OF EXPENSES AND AMOUNTS CLAIMED		INSTRUCTIONS TO TRAVELER (Unlisted items are self explanatory)										Complete this information if this is a continuation sheet.		PAGE 2 OF PAGES	
		Col. (c) If the voucher includes per diem allowances for members of employee's immediate family, show members' names, ages, and relationships to employee and marital status of children (unless information is shown on the travel authorization.)		Complete only for actual expense travel		Col. (d) Show amount incurred for each meal, including tax and tips, and daily total meal cost. (h) Show expenses, such as: laundry, cleaning and pressing of clothes, tips to bellboys, porters, etc. (other than for meals). (i) Complete for per diem and actual expense travel. (j) Show total subsistence expense incurred for actual expense travel. (m) Show per diem amount, limited to maximum rate, or travel on actual expense, show the lesser of the amount from col. (j) or maximum rate. (n) Show expenses, such as: taxi/limousine fares, air fare (if purchased with cash), local or long distance telephone calls for Government business, car rental, relocation other than subsistence, etc.						TRAVEL AUTHORIZATION NO. TA000990003103-0		TRAVELER'S LAST NAME Thurman	
DATE	TIME	DESCRIPTION	ITEMIZED SUBSISTENCE EXPENSES							MILEAGE RATE:	AMOUNT CLAIMED				
99	(Hour and am/pm)	(Departure/arrival city, per diem computation, or other explanation of expenses)	MEALS				MISCELLANEOUS SUBSISTENCE	LODGING	TOTAL SUBSISTENCE EXPENSE	NO. OF MILES	MILEAGE	SUBSISTENCE	OTHER		
19			BREAK-FAST	LUNCH	DINNER	TOTAL									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)		
05/17	12:01A	D-:RES: Washington, DC													
05/17		:			Air fare										
05/17		Subsistence				52.50			52.50			52.50			
05/17		Government Visa-Ghana											20.00		
05/17		Authorized Business Calls											80.16		
05/18	12:01A	A-:ACCRA, GHA				70.00		100.35	170.35			170.35			
05/18		Authorized Business Calls											27.09		
05/19	12:01A	D-:ACCRA, GHA													
05/19		Subsistence				70.00		100.35	170.35			170.35			
05/19		Authorized Business Calls											191.50		
05/20	12:01A	A:RES: Washington, DC													
05/20		Subsistence				52.50			52.50			52.50			
05/20		Authorized Business Calls											62.35		
05/20		Authorized Business Calls											85.44		
05/20		Authorized Business Calls											52.89		
05/20		Authorized Business Calls											105.78		
05/20		Authorized Business Calls											81.14		
05/20		Authorized Business Calls											97.64		
05/20		Authorized Business Calls											32.55		
05/20		Authorized Business Calls											17.81		
05/20		Authorized Business Calls											89.51		
SUBTOTALS									0.00	445.70	870.86				
TOTALS									0.00	445.70	870.86				
In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chap. 57 as implemented by the Federal Travel Regulations (FPMR 101 7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or relocation expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a tax payer and/or employee identification number; disclosure is MANDATORY on vouchers claiming travel and/or relocation allowance expense reimbursement which is, or may be, taxable income. Disclosure of you SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.										Enter grand total of columns (l), (m) and (n), below and in item 13 on the front of this form.					
TOTAL AMOUNT CLAIMED										1,316.56					
STANDARD FORM 1012 BACK (10-77)															

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
007. form	re: Travel request [Personally Identifiable Information] [partial] (1 page)	05/07/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F

jm2000

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

AGENCY FOR INTERNATIONAL DEVELOPMENT
REQUEST AND AUTHORIZATION OF OFFICIAL TRAVEL

AUTHORIZATION NUMBER
TA000990003103-0

DATE 5/7/99
x24/27/99xxx

W99-Y2123
(See reverse of copy 8 (Employee's Copy) for Privacy Act Statement)

1. NAME AND ADDRESS OF TRAVELER Thurman, Sandra 736 Jackson Place Washington, DC, 20503	2. STATUS OF TRAVELER ☒ ADMINISTRATIVE EMPLOYEE ☐ OTHER (Specify)	3. SOCIAL SECURITY NUMBER (b)(6)
4. OFFICIAL STATION OR ORGANIZATION Washington, DC,		[007]

5. This document becomes an authorization of official travel only when the certificate of authorization has been signed by the designated authorizing officer. This travel is ordered on official business for the convenience of the government. Vouchers should be submitted promptly as provided in the applicable regulations.

6. APPLICABLE REGULATIONS: Travel and necessary expenses are authorized in accordance with the ☒ Foreign Service Travel Regulations, ☐ Federal Travel Regulations, and maximum per diem under these regulations is allowable unless otherwise noted in item 6.

7. ITINERARY, PURPOSE AND SPECIAL AUTHORIZATION	PDIEM	EST	DESCRIPTION
DATE	DEPART/ARRIVE	RATE	MODE MODE COST
05/17/99	D:RES: Washington, DC,		AIR 4483.00 Air fare
			CAB 175.00 Taxi
05/18/99	A:ACCRA, GHA	112/70	
	:ACCRA, GHA		
05/20/99	A:RES: Washington, DC,		

PURPOSE: CONFERENCE ATTENDANCE
Attende African African-American Summit in Accra as member of official U S Delegation and to promote business/trade relationship in Africa. Bureau for Global Programs, Field Support and Research Washington. (G) Center for Population/Health/Nutrition. Increased use of proven interventions to reduce HIV/AIDS transmission. HIV/AIDS Results Package.97-3090. S04-HIV /AIDS/Travel/Sandra Thurman.
(SEE CONTINUATION SHEET)

Clearance: L Hollis, G/PHN/HN *L Hollis* C Stradford, G/PHN/OFPS *Stradford*

8. APPROPRIATION LIMITATION SYMBOL 72X1095	9. ALLOTMENT ACCOUNT SYMBOL CD98XDCDX99	10. REQUESTING OFFICE SYMBOL G/PHN/HN/HIV/AIDS	11. DATE 04/27/99
12. APPROVING OFFICER SIGNATURE AND TITLE <i>Elizabeth Roche</i> G/PDSP		OTHER REQUIRED APPROVAL <i>Barbara Rogers</i> G/AMS, Director	
13. CERTIFICATE OF AUTHORIZATION - I CERTIFY that this authorization has been approved as indicated in item 9 <i>Bruce Gatti</i> M/AS/TT, Chief		OTHER REQUIRED APPROVAL <i>Joy Rios</i> G/PHN/HN, Director	

SIGNATURE OF AUTHORIZING OFFICER AND TITLE						OTHER REQUIRED APPROVALS					
Type of Currency	FOREIGN CURRENCY				ESTIMATED COST	OBJECT CLASS	U.S. DOLLAR ESTIMATE				ESTIMATED COST
	AMENDMENTS		INCREASE	DECREASE			AMENDMENTS		INCREASE	DECREASE	
AUTORIZATION DATE 5/7/99 TIME 11:00 AM ENTERED DATE 5/7/99 TIME 11:00 AM ENTERED						2	TRAVEL EXPENSE				756.00
						1	PER DIEM	RC#210335			
						...	CARRIER TRANSPORTATION	RC#210334			4483.00
						2	TRANSPORTATION OF THINGS				0.00
						2 2 0	TOTAL				5239.00

* Insert 0, 1, 2, or 3, as appropriate

AID 5-87(9/91) IMPORTANT: Every Voucher and Message Concerning this Travel Must Refer to Authorization Number and Date at top.

COPY: 1) Traveler 2) Finance Office 3) Travel Section 4) Bureau/Office 5)

CONTINUATION SHEET:

SANDRA THURMAN SS# (b)(6) TRAVEL TO ACCRA, GHANA 05/17/99

An all-inclusive per diem is authorized for Accra, GHA of \$112 lodging and \$70 M&IE. Travel within country, taxis and telephone are authorized for official business. No lodging receipts are required. Receipts are required for expenses in excess of \$75.00. Business Class travel is authorized.

THE WHITE HOUSE
WASHINGTON

MEMORANDUM TO SUSAN WATSON

From: Sandra L. Thurman 
Director
Office of National AIDS Policy
736 Jackson Place, NW
Washington, DC 20503
(202) 456-2437

Date: July 23, 1999

Re: Reimbursement for travel to Accra, Ghana, May 17 - 21, 1999.

Recorded below are the expenses incurred during my recent travel to Accra, Ghana for the Fifth African-African American Summit. I have enclosed all lodging receipts associated with travel (taxi receipts are unavailable), receipt for business phone calls¹, and a copy of my travel authorization. I have not included meal expenses as I assume them to be covered under a set per diem for the country. Please feel free to call my assistant, Cheryl Bauerle, at 202/456-2959 if you require any additional information.

Novotel Hotel:

Exchange:	2470.0	
Room Charges	5/17-5/21 (\$100.35 per night)	USD 401.40
Business calls	5/17	USD 80.16
Business calls	5/18	USD 27.09
Business calls	5/19	USD 191.50
Business calls	5/20	USD 17.81
Business calls	5/21	USD 62.35

Visa

Embassy of Ghana	USD 20.00
------------------	-----------

Military Aircraft Calls (See footnote)

Total	6/02 (Billed)	USD 471.95
-------	---------------	------------

Total claimed without meals **USD 1272.26**

¹ Calls returned to President Clinton and his staff, while returning to DC on military aircraft, were charged to my personal credit card. I have included the bill with this voucher, as per instructions from USAID.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
008. receipts	re: Agency credit card information (1 page)	05/21/1999	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F
jm2000

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
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- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
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Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
009. statement	re: Agency credit card information (2 pages)	06/24/1999	P4/b(4)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F
jm2000

RESTRICTION CODES

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Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
010. form	re: Travel request [Personally Identifiable Information] [partial] (1 page)	08/10/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F
jm2000

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

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AGENCY FOR INTERNATIONAL DEVELOPMENT
REQUEST AND AUTHORIZATION OF OFFICIAL TRAVEL

(See reverse of copy 8 (Employee's Copy) for Privacy Act Statement)

AUTHORIZATION NUMBER

DATE

1. NAME AND ADDRESS OF TRAVELER

Thurman, Sandra
736 Jackson Place
Washington, DC 20503

2. STATUS OF TRAVELER

- ☐ ADMINISTRATIVE EMPLOYEE
☐ OTHER (Specify)

3. SOCIAL SECURITY NUMBER

(b)(6)

4. OFFICIAL STATION OR ORGANIZATION

Washington, DC

[010]

6.

This document becomes an authorization of official travel only when the certificate of authorization has been signed by the designated authorizing officer. This travel is ordered on official business for the convenience of the government. Vouchers should be submitted promptly as provided in the applicable regulations.

6.

APPLICABLE REGULATIONS: Travel and necessary expenses are authorized in accordance with the ☐ Foreign Service Travel Regulations, ☐ Federal Travel Regulations, and the maximum per diem under these regulations is allowable unless otherwise noted in Item 6.

7. ITINERARY, PURPOSE AND SPECIAL AUTHORIZATION

TA000990003103-0 dated 5/7/1999 is amended to authorize additional business calls to be made by the traveler.

JUSTIFICATION: The traveler received a phone call from President Clinton while in Ghana asking her to attend to additional AIDS in Africa business while on TDY. This request required the traveler to make additional business calls. It is necessary to transfer the money from her TRANSPORTATION account to her PER DIEM account.

Bureau for Global Programs, Field Support and Research Washington. (G) Center for Population/Health/Nutrition. Increased use of proven interventions to reduce HIV/AIDS transmission. HIV/AIDS Results Package. 97-3090. S04-HIV/AIDS/Travel/Sandra Thurman.

Clearance: LHollis, G/PHN/HN

CStradford, G/PHN/OFPS

8. APPROPRIATION LIMITATION SYMBOL XXX 72X1095	9. ALLOTMENT ACCOUNT SYMBOL CD98XDCDX99	10. REQUESTING OFFICE SYMBOL G/PHN/HN/HIV/AIDS	11. DATE 08/10/99
---	--	---	----------------------

12.

Elizabe

Brenda Colwell, G/AMS

OTHER REQUIRED APPROVAL

13. CERTIFICATE

Bruce G

an approved as indicated in Item 6

Joy Riggs-Perla, G/PHN/HN

OTHER REQUIRED APPROVAL

AID 5-8 (9/91)

Must Refer to Authorization Number and Date at top.

1

SEE REVERSE SIDE

SPORTATION
OF
THINGS

ITAL



560

56

560

56

* Insert 0, 1, 2, or 3.

AID 5-8 (9/91)

2

IMPORTANT: Every Voucher and Message Concerning this Travel Must Refer to Authorization Number and Date at top.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
011. form	re: Travel authorization [Personally Identifiable Information] [partial] (1 page)	10/15/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office
Sandra Thurman
OA/Box Number: 40015

FOLDER TITLE:

Atlanta, GA IWF [International Woodworking Machinery & Furniture Supply Fair]
11/15/00

2018-0764-F
jm2000

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION
(Privacy Act Statement on back)

4. TRAVELER (First name, middle initial, last name)

SANDRA L. THURMAN

5. TITLE OF TRAVELER

DIRECTOR, AIDS POLICY

9. OFFICE PHONE

456-2959

6. SOCIAL SECURITY NUMBER

(b)(6)

10. OFFICIAL DUTY STATION

WASHINGTON, DC

1. TRAVEL AUTHORIZATION NO.

2. DATE

10/15/99

3. TYPE OF TRAVEL

☒ Official

☐ Relocation

☐ Mixed

☐ Political

☐ Invitational
(Non EOP Employees Only)

☐ Amendment
(Show items amended)

☐ Funded by
Non-Federal Sources

7. DIVISION

8. AGENCY

736 JP

11. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*
Rate(s)

12. TRAVEL INFORMATION

PURPOSE: **Official meetings with government officials regarding the HIV/AIDS epidemic region. Site visits to local AIDS organizations/community programs**

DATE(S) Travel Begin On **10/21/1999**

Travel End On **10/22/1999**

ITINERARY: (Point of Origin/Place(s) of Official Visitation/Point of Return)

From: **Washington, DC**

To:

To:

To:

To:

To:

To: **SAN JUAN, PR 150/ 70**

To:

To:

To:

To:

Return to: **Washington, DC**

13. MODE OF TRAVEL

☒ Commercial Air

☐ Private Vehicle 0.000 Mileage Rate

☐ Rail

☐ Military Air

☐ Government Owned Vehicle

☒ Other (specify) _____

14. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed _____

☒ Other (Please identify) _____

15. ESTIMATED COST

AMOUNT

Per Diem/Lodging	\$ 200.00
Per Diem/M&IE	0.00
Transportation	541.40
Rental Car	0.00
Miscellaneous	0.00
16. TOTAL	\$ 885.40

17. * SPECIAL PROVISIONS/REMARKS (Justification for first class/business/extra fare travel, annual leave enroute, actual subsistence, etc.)

Lodging cost approx. 33.00 beyond per diem of 167.00 for San Juan. This is under the allowable 150% reimbursement.

EXTRA AIR OR RAIL FARE

Non-contract carrier, higher govt fare (approx. 200.00 additional) for direct flights. Connections would require two additional night stays given the flight schedules - increasing additional hotel costs + missed meetings in DC.

18. ACCOUNTING DATA (Appropriation, division, project, vendor number)

19. REQUESTED BY

21. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)

20. I certify the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions in the most economical means available.
Approval Official (Signature and Title)

OA FORM 22

REVISED JUNE 1994

1. Original (Return with voucher)

4. Teleticketing Office

2. FMD copy

5. Funds Manager copy

3. Travelers copy

**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION**
(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

☒ TDY

☐ Amendment
(Show items amended)

☐ Invitational
(Non EOP Employees Only)

☐ Relocation

2. Traveler (First name, middle initial, last name)

Andrea L. Shuman

3. Title of Traveler

Director

5. Office Phone

62959

6. Official Duty Station

736 Jackson Place

4. AGENCY/DIVISION

OPD/AIDS Policy

7. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*
Rate(s):

8. TRAVEL INFORMATION

PURPOSE:

Speaking at: the opening of the AIDS Memorial Quilt, the Atlanta AIDS Walk. Please see attached invitations.

DATE(S): Travel Begin On

10/16/99

Travel End On

10/18/99

ITINERARY: Point of Origin (City, State)

Washington, DC

Place(s) of Official Visitation (City, State)

Atlanta, GA

Point of Return (City, State)

Washington, DC

9. MODE OF TRAVEL

(a) **Commercial Transportation**

Rail

Coach

Extra Fare*

Air

Coach Tourist

Business *

First Class ‡

‡ First Class must have approval of Agency Head or Deputy

(b) **Privately Owned Vehicle**

Auto

Other

Rate auth
per mile

☐ Determined more advantageous
to government *

☐ For convenience of traveler
NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

AMOUNT

Per Diem/Actual Subsistence

\$ 76.00

Transportation

Rental Car

Miscellaneous

TOTAL

\$ 76.00

11. SPECIAL EXPENSE AUTHORIZED

☐ Registration Fees (meeting, training, etc.)

☐ Commercial Rental Car

☐ Excess Baggage not to exceed

☐ Other (Please identify)

12. ADVANCE REQUESTED

\$

(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks (Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)

Airfare provided by AID Atlanta (see attached Counsel Authorization).
No lodging expenses associated with travel - will stay w/ acquaintances.

14(a) Requested by

Andrea L. Shuman

15. Accounting data (Appropriation, division, project, vendor number)

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official (Signature and Title)

16. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)

17. Date

10/16/99

18. Travel Authorization No.

**EXECUTIVE OFFICE OF THE PRESIDENT
OFFICIAL TRAVEL AUTHORIZATION**
(Privacy Act Statement and instructions on back)

1. TYPE OF AUTHORIZATION

- ☒ TDY ☐ Amendment (Show items amended)
☐ Invitational (Non EOP Employees Only) ☐ Relocation

2. Traveler (First name, middle initial, last name)

Andrea L. Shuman

3. Title of Traveler

Director

4. AGENCY/DIVISION

OPD/AIDS Policy

5. Office Phone

602959

6. Official Duty Station

730 Jackson Place

7. ☒ Per Diem

☐ Actual Subsistence (unusual circumstances)*
Rate(s):

8. TRAVEL INFORMATION

PURPOSE:

Speaking at: the opening of the AIDS Memorial Quilt, the Atlanta AIDS Walk. Please see attached invitations.

DATE(S): Travel Begin On

10/16/99

Travel End On

10/18/99

ITINERARY: Point of Origin (City, State)

Washington, DC

Place(s) of Official Visitation (City, State)

Atlanta, GA

Point of Return (City, State)

Washington, DC

9. MODE OF TRAVEL

(a) **Commercial Transportation**

Rail		Air		
Coach	Extra Fare*	Coach Tourist	Business *	First Class ‡
		☒		

‡ First Class must have approval of Agency Head or Deputy

(b) **Privately Owned Vehicle**

Auto	Other	Rate auth per mile	☐ Determined more advantageous to government *	☐ For convenience of traveler NTE common carrier cost

(c) ☐ Gov't Owned Vehicle

(d) ☐ Other (specify)

10. ESTIMATED COST

	AMOUNT
Per Diem/Actual Subsistence	\$ <i>76.00</i>
Transportation	<i>—</i>
Rental Car	<i>—</i>
Miscellaneous	<i>—</i>
TOTAL	\$ <i>76.00</i>

11. SPECIAL EXPENSE AUTHORIZED

- ☐ Registration Fees (meeting, training, etc.)
☐ Commercial Rental Car
☐ Excess Baggage not to exceed _____
☐ Other (Please identify)

12. ADVANCE REQUESTED

(meals and miscellaneous expenses only)

13. * Special Provisions/Remarks (Justification for first class /business /extra fare travel, annual leave enroute, actual subsistence, etc.)

Airfare provided by AID Atlanta (see attached Counsel Authorization). No lodging expenses associated with travel - will stay w/ acquaintances.

14(a) Requested by

[Signature]

15. Accounting data (Appropriation, division, project, vendor number)

14(b) I certify that the travel herein was reviewed and determined to be essential for the accomplishment of agency programs and missions

Approval Official (Signature and Title)

16. Funds are available to defray travel cost specified above
Funds Manager's Certification (Signature)

17. Date

October 8, 1999

18. Travel Authorization No.

TOSONA03

AID Atlanta

1438 West Peachtree St., NW
Suite 100
Atlanta, GA 30309-2955

Office: 404-872-0600
Fax: 404-885-6799

www.aidatlanta.org

August 19, 1999

Sandra L. Thurman
Director
Office of National AIDS Policy
The White House
Washington, DC 20503

Dear Sandy,

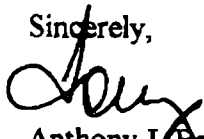
Hey there! I hope that you are doing well and that work is moving along in Washington.

I am writing today to ask for your participation as keynote speaker in our second annual Corporate Breakfast on September 30th. The Breakfast is a great opportunity for the corporate community to come together and discuss the severity of the HIV/AIDS situation, both for the local community and for the nation.

We would need a 15 minute discussion on HIV/AIDS in the US, your comments on AIDS in Georgia and the Southeast, and your participation in a question and answer session. I also think it would be great for this group to hear your thoughts on the international crisis-particularly with regard to the Administration's new global AIDS initiative that will ask for involvement from all sectors, including business and corporate leadership.

As always, thank you for all you do. Hope to see you soon!

Sincerely,



Anthony J. Braswell
Executive Director

P.S. We just found out that AID Atlanta has won the 1999 Managing for Excellence Award from the Community Foundation. Hope you are as proud as we are!

AID Atlanta

DEVELOPMENT

Fax Cover Sheet
1438 West Peachtree Street, NW
Suite 100

Atlanta, GA 30309-2955
e-mail: development@aidatlanta.org
telephone: 404.872.0600
fax: 404.874.3253

Date: 8/20/99

To: SANDY THURMAN

From: Ken Braswell

Comments:

Number of Pages including this cover:

Fax number:

4/870-7711
80sam/Bentley

Make 57000

go: Wednesday Night 9 AM
leave: Friday

115
30
76

Tony's dinner or
104. 870. 7710
Amex.

Memorandum

To: Ms. Sandra Thurman
Director, National Office of AIDS Policy

From: Tony Braswell
Executive Director, AID Atlanta

Date: August 19, 1999

Subject: AID Atlanta Corporate Breakfast



Hey - I hope that you are doing well and that work is going great.

We are sponsoring a second annual Corporate Breakfast on September 30, 1999, at the BellSouth Headquarters, hosted by Glenn Estell, Vice President of BellSouth Communications. The Corporate Breakfast is an opportunity for us to invite the Atlanta corporate community to a one hour overview of HIV/AIDS in Georgia. We use the opportunity to discuss our agency, our programs, and thank community leaders for their support. We do not ask for money or donations at this event.

We would very much appreciate your help as our keynote speaker. We need a 15 minute discussion on HIV/AIDS in the US, and certainly your comments on AIDS in Georgia. I also think it would be great for this group to hear your thoughts on HIV in the rest of the world - as you do such a great job of putting the disease in perspective when related to other nations in Africa and Asia.

The ultimate goal of the breakfast is to thank those who are involved with our work, and to demonstrate our work to companies who may not be involved with the agency. Other speakers will be me, one other AID Atlanta Board member (probably Charles Cornelius from Atlanta Life Insurance), and Mr. Estell from BellSouth. BellSouth continues to be a big sponsor of the Walk and other AID Atlanta programs.

Also, just to be sure it is on your books - you know we couldn't have the Walk without you. It is October 17, and we need a 1 minute speech if you don't mind.

We will be happy to pay for your transportation to and from Atlanta for the event. If you want to book the arrangements, just send me the bill. If you want us to book your ticket, just let me know.

As always - thanks for all that you do. Hope to see you really soon.

P.S. we just found out that AID Atlanta has won the 1999 Managing for Excellence Award from the Community Foundation. Hope you are as proud as we are!



AIDS Walk Atlanta



October

17, 1999

FAX

ATTN:
SHERRY L

To: Sheryl, for Sandy Thurman

FAX Number: 202.456.2439

Number of pages (including cover): 3

From: Jean Chuares

Notes: Here is an invite to AIDS Walk
Atlanta's VIP luncheon.

Please RSVP at your convenience!
-Jean

If you can not read any part of this transmittal please call (404) 876-9255

AIDS WALK ATLANTA
P.O. BOX 78212
ATLANTA, GA 30357-6425
PHONE: (404) 876-WALK
FAX: (404) 877-9496

AIDS WALK ATLANTA 1999 V.I.P. Luncheon R.S.V.P Form

**Please fax this form to the
AIDS Walk Atlanta office at 404.877.9496
Attn: Jenn Chianese**

**From: Sandra Thurman
To: Jenn Chianese**

**→ _____ Yes! I will attend the AIDS Walk VIP luncheon / Opening Ceremony.
Please add the following people to the Luncheon reservation list.**

1. Sandra Thurman _____ will attend, _____ will not be able to attend

2. Guest _____

Please circle which name should appear on the parking list.

→ _____ No, I will not be able to attend this year's luncheon.

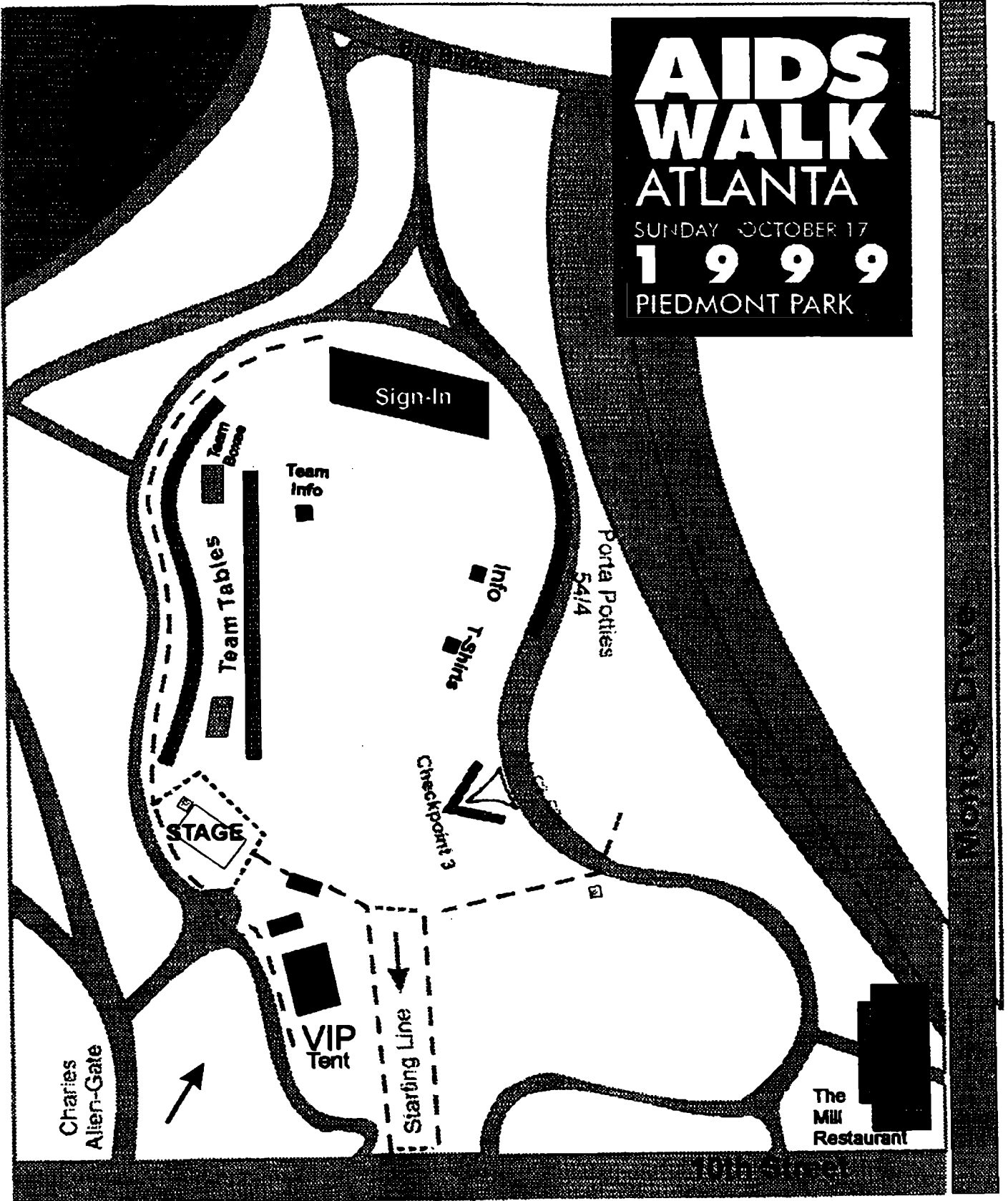
For further information, please call the AIDS Walk office at 404.876.9255.

AIDS WALK ATLANTA

SUNDAY OCTOBER 17

1999

PIEDMONT PARK



Grady
High School

VIP Parking

CONSTITUTIONAL TRAVEL

1600 LAFAYETTE RD
ATLANTA, GA 30329
1-800-363-7147 1-404-515-6707
FAX: 1-404-515-6700



RECONFIRM RETURNING AND CONTINUING RESERVATIONS 72 HOURS IN ADVANCE FOR INTERNATIONAL FLIGHTS AND 48 HOURS IN ADVANCE FOR DOMESTIC FLIGHTS. CAUTION: TICKETS HAVE VALUE IF UNLINED PLEASE RETURN FOR CREDIT OR REFUND.

~~SALES ART: LH/ZUOIOX~~

9612

THURMAN/BANDRA

DATE: OCT 15 1999

AIRLINE	FLIGHT CL	DATE	CLASS	NO.	DEPART	ARRIVE	FARE	TAXES	TOTAL
AA	111	12/15/00	Y	1	10:00	11:00	100.00	10.00	110.00
AA	111	12/15/00	Y	2	11:00	12:00	100.00	10.00	110.00
AA	111	12/15/00	Y	3	12:00	13:00	100.00	10.00	110.00
AA	111	12/15/00	Y	4	13:00	14:00	100.00	10.00	110.00
AA	111	12/15/00	Y	5	14:00	15:00	100.00	10.00	110.00
AA	111	12/15/00	Y	6	15:00	16:00	100.00	10.00	110.00
AA	111	12/15/00	Y	7	16:00	17:00	100.00	10.00	110.00
AA	111	12/15/00	Y	8	17:00	18:00	100.00	10.00	110.00
AA	111	12/15/00	Y	9	18:00	19:00	100.00	10.00	110.00
AA	111	12/15/00	Y	10	19:00	20:00	100.00	10.00	110.00
AA	111	12/15/00	Y	11	20:00	21:00	100.00	10.00	110.00
AA	111	12/15/00	Y	12	21:00	22:00	100.00	10.00	110.00
AA	111	12/15/00	Y	13	22:00	23:00	100.00	10.00	110.00
AA	111	12/15/00	Y	14	23:00	00:00	100.00	10.00	110.00
AA	111	12/15/00	Y	15	00:00	01:00	100.00	10.00	110.00
AA	111	12/15/00	Y	16	01:00	02:00	100.00	10.00	110.00
AA	111	12/15/00	Y	17	02:00	03:00	100.00	10.00	110.00
AA	111	12/15/00	Y	18	03:00	04:00	100.00	10.00	110.00
AA	111	12/15/00	Y	19	04:00	05:00	100.00	10.00	110.00
AA	111	12/15/00	Y	20	05:00	06:00	100.00	10.00	110.00
AA	111	12/15/00	Y	21	06:00	07:00	100.00	10.00	110.00
AA	111	12/15/00	Y	22	07:00	08:00	100.00	10.00	110.00
AA	111	12/15/00	Y	23	08:00	09:00	100.00	10.00	110.00
AA	111	12/15/00	Y	24	09:00	10:00	100.00	10.00	110.00
AA	111	12/15/00	Y	25	10:00	11:00	100.00	10.00	110.00
AA	111	12/15/00	Y	26	11:00	12:00	100.00	10.00	110.00
AA	111	12/15/00	Y	27	12:00	13:00	100.00	10.00	110.00
AA	111	12/15/00	Y	28	13:00	14:00	100.00	10.00	110.00
AA	111	12/15/00	Y	29	14:00	15:00	100.00	10.00	110.00
AA	111	12/15/00	Y	30	15:00	16:00	100.00	10.00	110.00
AA	111	12/15/00	Y	31	16:00	17:00	100.00	10.00	110.00
AA	111	12/15/00	Y	32	17:00	18:00	100.00	10.00	110.00
AA	111	12/15/00	Y	33	18:00	19:00	100.00	10.00	110.00
AA	111	12/15/00	Y	34	19:00	20:00	100.00	10.00	110.00
AA	111	12/15/00	Y	35	20:00	21:00	100.00	10.00	110.00
AA	111	12/15/00	Y	36	21:00	22:00	100.00	10.00	110.00
AA	111	12/15/00	Y	37	22:00	23:00	100.00		

DELTA AIR LINES	160CT	WASHINGTON	ATLANTA	1000A	1142A
DL 1611 K	SAT	R REAGAN NAT	W B HARTSFIELD	EQP:729	

DELTA AIR LINES	18OCT	ATLANTA	WASHINGTON	0625P	0812P
DL 578 Y	MON	W B HARTSFIELD	R REAGAN NAT	EQP:728	

AIR FARE 574.89	TAX 53.61	TOTAL USD	628.50
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CONVENTIONAL TRAVEL

62¢.50

PAYMENT: O/CCDC+/C

RESERVATION NUMBER

DL/XCJJT3

TICKET:

DL/ET 006 7947273007

EXERCISES: TESTS AND ANALYSIS CHECKS

1990

22. *Staphylococcus aureus*

पृथ्वी

RECEIPT

~~XXXXXXXXXXXX~~

©

ARCHIVE

DELTA AIR LINES XXXXX ATT675775 THORMAN/SANDRA
CONVENTIONAL TRAVEL/ATLANTA GA 3032908150CT99 OBCAATLDL1611 K160C
THORMAN/SANDRA Z001EX/LA 00CT 07906/ DATLDCADL0578 Y180C
NOT VALID FORM THIS IS YOUR RECEIPT *****
TRANSPORTATION *****
NONREFUNDABLE CHANGES *****
RP 0504771007007/EXP11/ 00000000000000000000000000000000 *****
91167575 15 WAS DL 41114 70000000000000000000000000000000 *****
00000000000000000000000000000000 *****

USD 6.00XF

USD 534.89

USD 435 1108

USD 600ZP

000000 2942223007 5

NOT VALID FOR TRAVEL

0 006 7947 273007 5

AIDS WALK ATLANTA

SUNDAY • OCT. 17 • 1999



AID
Atlanta

October 15, 1999

Sandra Thurman
c/o Sara

VIA FAX: (202) 456-2439

Dear Ms. Thurman:

We are delighted that you will be joining us for the 1999 AIDS Walk Atlanta. The following is a summary of our plans for the day of the event, Sunday, October 17th.

11:00 a.m. Arrival at VIP/Sponsors' Luncheon. The Luncheon will be held in a tent, behind the stage in Piedmont Park (10th Street, near Charles Allen Gate).

We have reserved a space for you. VIP parking will be located in the Grady High School parking lot on 10th Street. Enter the park on 10th Street, near Charles Allen Gate and an AIDS Walk volunteer will direct you to the VIP Tent. A map is enclosed.

Please arrive at the VIP Luncheon by 1:00 pm to be escorted to the stage area.

1:00 p.m. You will be escorted from the Luncheon to the stage for the AIDS Walk Opening Ceremony. You will be introduced to speak during the Ceremony.

2:00 pm The AIDS Walk Begins. Please feel free to join the AIDS Walk if your schedule permits. The Post-Walk Concert will begin at 3:00 p.m. and conclude at 5:00 p.m., when the total amount of funds raised will be announced.

Again, our thanks for your support of the AIDS Walk, and look forward to meeting you on Sunday. Should you have any questions, you may reach me in the AIDS Walk office at (404) 876-9255.

Sincerely,

Claudia Zevallos
Entertainment Coordinator
AIDS Walk Atlanta

MY CELL PHONE ON SUNDAY: (404) 538-5698

BENEFITING AID ATLANTA AND 14 OTHER AIDS SERVICE AND EDUCATION PROVIDERS
P.O. BOX 78212, ATLANTA, GA 30357-6425 • (404) 876-WALK • FAX (404) 877-9496

Created by MZA Events, Inc./Craig R. Miller, Producer



TRAVEL EXPENSES FROM OUTSIDE SOURCE

WHITE HOUSE OFFICE

In order to consider whether the Government may accept from an outside source payment of your travel, subsistence and related expenses under the GSA travel rule or 5 C.F.R. 2635.204(f), you must complete the information below. You must submit this form and related documentation and receive approval PRIOR to commencement of travel. Failure to receive PRIOR approval may result in you having to pay the travel expenses yourself. The outside source need not be a 501(c)(3) organization, but if it is, please state so on this form and include the IRS determination letter.

CONTACT PERSON: Cheryl Bawene
PHONE NUMBER: 6-2959
DATE OF REQUEST: Oct. 8, 1999

Please include a copy of the letter of invitation.

Your Name and Position:

Sandra Thurman, Director, Office of National AIDS Policy

Nature of Meeting or Event

☒ Official

☐ Political

Meeting or Event Description and HOW IT RELATES TO YOUR OFFICIAL OR POLITICAL DUTIES:

Speaking @ the opening of the AIDS Memorial Quilt and the Atlanta AIDS Walk. Pls. see attached.

Dates of Travel: Oct. 16-18, 1999

Destination(s): Atlanta

Persons or Entity Making The Payment (please also note any financial interests of the person or entity known to you that may be affected by the exercise of your Government responsibilities):

AID Atlanta

Contact at Organization Making the Payment:

AID Atlanta - Susan Moore

Address of Organization:

1438 West Peachtree Street, NW Suite 100
Atlanta, GA 30309-2955

Phone: 404-872-0600

Expense:	Amount:	Method:
Transportation (specify): <u>AIR</u>	<u>\$454.00</u>	☒ In Kind ☐ Reimbursable ☐ Other (Political Only) _____
Lodging:		☐ In Kind ☐ Reimbursable ☐ Other (Political Only) _____
Meals:		☐ In Kind ☐ Reimbursable ☐ Other (Political Only) _____
Misc. (specify):		☐ In Kind ☐ Reimbursable ☐ Other (Political Only) _____

*Payment may be made either in-kind or by check made payable to the U.S. Treasury; you may not directly receive payment by either cash or a check made out to you.

This form and any accompanying memorandum of approval must be attached to your travel authorization. You MUST complete a travel voucher listing all expenses (regardless of payment method) following the trip.

Please send this form to the Counsel's Office (Room 128, OE0B) at least three (3) days before commencement of travel

TO BE COMPLETED BY COUNSEL'S OFFICE

☐ Approved

☐ Disapproved

Pursuant to: ☐ 51 U.S.C. 51353

☐ 5 C.F.R. 2635.204(f)

Counsel's Signature _____

Date _____